September 10, 2018

The Honorable Chairman Pai
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner O'Reilly
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner Carr
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner Rosenworcel
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Federal Communications Commission
RE: Promoting Telehealth for Low-Income Consumers Notice of Inquiry
Submitted electronically via: https://www.fcc.gov/ecfs/

Dear Commissioners,

On behalf of OCHIN, we appreciate the opportunity to comment on the implementation of the Connected Care Pilot Program. The Commission's efforts to improve and promote telehealth and virtual care runs parallel to OCHIN's goals and has widespread impact on our national healthcare system.

OCHIN is a 501(c)(3) nonprofit community-based health information technology collaborative based in Portland, Oregon. OCHIN receives support from the U.S. Department of Health and Human Services through grants under the Health Resources and Services Administration (HRSA) and is a HRSA-designated Health Center-Controlled Network (HCCN). OCHIN's mission is to pioneer the use of health information technology in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs), including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and corrections facilities across the nation. OCHIN's comments are based on our experience as one of the largest health information and innovation networks in the US, serving hundreds of safety net organizations and over 10,000 clinicians nationwide.

OCHIN General Comments:

- OCHIN supports the Connected to Care Pilot Program concept as described in the NOI created by the Federal Communications Commission.
- OCHIN agrees with the FCC that it is time the Universal Service Fund resources reach beyond traditional safety net clinics and hospitals. The medically underserved, low income, and rural patients should be receiving care in their homes and clinics, so they may also benefit from the latest advancements in broadband and virtual care technology.
- OCHIN recommends that the FCC structure the Connected Care Pilot Program to require partnerships with organizations with demonstrated competency collaborating with safety net health care organizations that serve low income, Medicaid, rural, Indian Health and Veteran patient populations.

- OCHIN urges the FCC to apply learnings documented in the 2012 USAC Pilot Program Staff Report (DA 12-1332) that can be applied in structuring the Connected Care Pilot Program. As one of the original FCC Rural Health Care Pilot Program awardees, OCHIN suggests:
    - *Broadband health care networks improve the quality and reduce the cost of delivering health care in rural areas.* Broadband makes possible the use of telemedicine to improve health care delivery in rural areas. In addition to delivering needed medical care to patients in remote locations, telemedicine lowers the cost of providing health care, reduces travel time and expense for patients, providers and doctors, and brings needed revenue to endangered rural clinics and hospitals. Broadband networks also facilitate other important telehealth applications – such as the transmission of medical images, exchange of electronic health records, remote consultations with specialists, and training of rural medical personnel.
    - *Use consortium applications for greater efficiency.* Consortium applications save time and money for applicants and for the Universal Service Administrative Company (USAC), which administers rural health care programs under the Commission's direction. Consortium applications allow health care providers to spread administrative, network design, and other costs over a large number of entities. They also enable smaller health care providers to take advantage of the expertise and resources of larger providers, and they foster the formation of coordinated networks of health care providers.
    - *Funding challenges remain for rural health care providers.* Rural health care providers operate on a thin margin, or in the red, and universal service support helps many gain to access to the benefits of broadband which they otherwise could not afford. Most rural and safety net health care providers nationally do not have sufficient information technology resources (staffing and expertise) to implement and sustain such programs.
    - *Research must be conducted on outcomes of any pilot.* OCHIN believes any FCC project must be researched on impact to health outcomes or the patients impacted within the pilot. OCHIN urges funding to ensure this important outcomes-based research.
    - *Bulk buying plus competitive bidding is a powerful combination.* Consortium purchasing by a large number of geographically dispersed sites, coupled with competitive bidding, can yield higher bandwidth, lower prices, and better service quality for the Pilot projects.
    - *Urban sites are key members of rural health care provider networks.* As the Western New York Pilot project put it, without its urban partners it would be "building a road to nowhere." Broadband networks often bring to patients in rural areas the additional medical expertise, creativity, technical know-how, and innovation available in large urban medical centers. The leadership, technical and medical expertise, and administrative resources provided by urban health care providers also have proved central to the success of many Pilot projects.
    - *Most health care providers do not have the technical expertise to manage broadband networks and do not want to own such networks.* The majority of Pilot projects have created successful broadband networks by purchasing broadband services from a third party, rather than constructing and owning their own broadband facilities. Mechanisms such as long-term leases, prepaid leases, and indefeasible rights of use of facilities for specified period of time (IRUs) help many projects obtain the bandwidth and service quality they needed.

- OCHIN urges the FCC not to lose sight of these learnings in structuring the new Connected Care Program. Leveraging Healthcare Connect Fund Consortia will efficiently enable rural health care providers to participate, leverage bulk buying, and competitive bidding.
- OCHIN urges the FCC to allocate a small percentage (up to 10% to 15%) of each award for Health Care Program (HCP) outreach, HCP and patient training and operational expenses. Doing so will drive more adoption and utilization of the program funding by the targeted HCP and patient participants.

Specific Responses to FCC 18-213

A. Program Goals of the Pilot Program

- *Improving Outcomes Through Broadband Access:* USF can best support increased access to broadband enabled telehealth services to improve health outcomes by:
    - Broadening eligibility for USF services to include wireless services and edge devices to provide patient monitoring services to Medicaid and virtual patient populations in rural and medically underserved communities.
    - Eliminate the current rural/urban Healthcare Connect Fund consortium site ratio requirement in favor or serving the target patients whether or not they are located in rural or non-rural communities. In states with large urban communities like California, urban Federally Qualified Health Centers are not eligible for HCF funding even though they are the organizations that serve the largest number of vulnerable patient populations. The RHCPP demonstrated that operating consortiums with a combination or rural and non-rural locations allows the rural communities to benefit from the economies of scale that come from being a part of a larger consortium that includes urban sites.
- *Supporting the Trend Towards Connected Care Everywhere*
    - The pilot grants should include funding to support data collection on patient outcomes for patients served by connectivity funded by the pilot. Data collection funding should include funding for staff time and software or data collection tools.
    - Pilot programs should also include funding to support and expand eConsult programs for specialty care and patient coordination.
- *Reducing Health Care Costs for Patients, Facilities, and the Health Care System*
    - How will the program reduce costs for patients, facilities, and the health care system?
        - Improving affordability for low-income patients
        - Reducing costs for health care providers (HCPs)
        - Lowering Medicaid costs by extending the reach of behavioral health, primary and specialty care providers to treat patients where they are.
        - Incentivizing increased adoption of connected care and RPM, as the use of real time video consultations with patients transitioning from hospital care can see reduced hospital readmission rates, and can similarly be used to improve adherence to patient medication, nutrition and treatment plans for patients with chronic conditions that require extended follow up consultations.

- eConsult (asynchronous secure electronic consultations between primary and specialty care clinicians to collaborate on patient treatment) has been shown to reduce unnecessary patient referrals by up to 40%.

- *Determining how Universal Service Funding Can Positively Impact Existing Telehealth Initiatives*
  - USF can impact existing Telehealth initiatives by:
    - Existing FCC Healthcare Connect Fund consortium participants should be given priority to leverage existing investments by the FCC toward deployment of broadband in rural and safety net communities.
    - FCC should coordinate this pilot with HRSA, Indian Health Services, and the Veterans Administration to ensure the pilot participation leverages other programs focused on expanding access to care in rural and safety net clinics and hospitals.
- *Increase Broadband Deployment in Unserved and Underserved Areas*
  - The program should promote broadband deployment to unserved and underserved areas with a focus on serving Medicaid, homeless, and uninsured patient populations, including those in rural areas and on Tribal lands.
  - It should also promote adoption of broadband by low income households. Doing so will enable access to important online resources such as electronic health record patient portals and direct to consumer/patient telemedicine consultations. Increased access to educational materials, job training, and employment information often improves overall health.

B. Program Structure

OCHIN agrees with the program structure focused on low income populations in rural and medically underserved urban communities. As OCHIN supports hundreds of health centers throughout the nation to support the delivery of primary care, we support the FCC proposal.

a. *Application Process*

1. Allow FCC Healthcare Connect Fund consortia to apply on behalf of participating HCPs. Prioritize projects that provide a clear evaluation on the impact on improved patient outcomes for treatment of specific conditions and/or the cost of care delivery. Projects need to be of sufficient size to provide statistically significant results over the three year period.
2. The relevant issue is not overbuilding, but how to use USF to expand access to care in these hard to reach communities.

b. *Eligibility Criteria for Participants*

1. HCPs: Eligibility requirements should be consistent with the current USF Rural Health Care Program requirements but more broadly applied to include any RHC eligible organizations located in rural or medically underserved urban communities. Key anchor institutions should include all: Federally Qualified Health Centers, Rural Health Clinics,

Critical Access Hospitals, Indian Health Facilities, public hospitals and clinics, and private physician practices with 50% or higher Medicaid or Medicare patient populations.

c. *Broadband Service Providers*

1. In today's telecommunications environment the Program goal can be achieved by broadening carrier participation beyond ETCs. No broadband provider partnership should be required as part of the HCPs proposal for funding because it limits the available broadband options in many rural areas. Letters of intent should suffice in place of signed contracts.

d. *Low Income Consumers*

1. Eligible HCPs that have overall patient populations that meet the low income or Medicaid eligibility criteria should be able to use the funding as they best see fit. Give the HCP the flexibility to use the program to demonstrate improved patient outcomes.
2. Participation should be open to provide flexibility to demonstrate improved patient outcomes over the grant period.

e. *Eligibility Criteria for Equipment and Services*

1. Broadband
    i. Connectivity to patients is necessary
    ii. Broadband needed by HCPs is necessary
    iii. Both fixed and wireless broadband should be supported depending on the needs of the participant
    iv. The current FCC minimum service standards should be used unless it is not available in which case the best available will be accepted. Policing broadband service quality should be beyond the scope of this project. OCHIN would like to point out that monitoring and enforcing service quality is one of the roles HCF consortia play on behalf of our participating HCPs. This is one example of why the FCC should engage HCF consortia in awarding these pilot projects.
2. Equipment and Applications
    i. Equipment needed to support broadband connectivity should be funded, otherwise we are offering an incomplete solution.
    ii. End-user connected care devices such as RPM equipment or health care applications can be managed by HCF consortia on behalf of participating HCPs.

f. *Number of Projects, Support and Disbursement*

1. OCHIN believes the program is needed and urges the FCC to set as many projects as the budget allows.
2. Upfront payments would incentivize timely initiation of the project and support operating costs to provide outreach, training, and support.
3. OCHIN believes HCF consortia and HCP's should receive the direct funding since we will be coordinating the activities and holding the broadband providers accountable for performance.

g. *Compliance with Federal, State, and Local Laws (barriers to telemedicine)*

1. Many state Medicaid programs do not reimburse for patient monitoring or in home care. OCHIN recommends that the FCC collaborate with HHS/CMS to encourage states to provide Medicaid waivers for Connected Care participants to support reimbursement of patient monitoring and in home care telehealth services provided the pilot grant recipients agree to document and share patient outcome information.
2. To address regulatory challenges across state lines, OCHIN suggests working with the Center for Connected Health Policy to identify those states with the most flexible virtual care policies and work with these states on demonstration projects to understand complexities within further expansion of the program.

h. *Ensuring Effective, Fiscally Responsible Use of Funding*

1. The FCC or USAC grant teams can ensure money is spent for intended purposes by conducting annual site visits and program reviews to verify progress is being made against the project plan milestones and timeline provided in each applicant proposal.

i. *Protecting Patient Information*

1. OCHIN can provide health outcomes data in compliance with privacy laws form over 10,000 clinicians serving safety net patient populations nationally.
2. The Commission can rely upon or inform participants they are to comply with HIPAA to protect sensitive information.
3. OCHIN is capable of de-identifying protected health information, and only requires patients to consent to HIPAA protections, which provides exceptions for data sharing for research purposes, provided the data is promptly de-identified.

We thank you for your time and consideration of our comments on the FCC Connected Care Pilot Program NOI. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
VP, Government Affairs and Public Relations

Eric Brown
President, California Telehealth Network, an OCHIN Company